



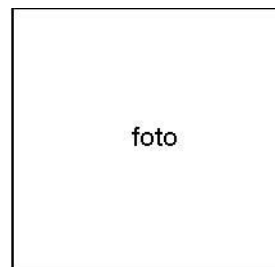
EMERGENCY TRAVEL DOCUMENT REQUEST FOR **MINORS**

Addressed to: **Consolato Generale d'Italia – San Francisco**

Minor's Information

Last Name & First Name	_____		_____	
	<i>Last name</i>		<i>First Name</i>	
Born in:	_____	on	____/____/____	
	<i>City, State,</i>	<i>Country</i>	<i>DD</i>	<i>MM</i> / <i>YYYY</i>
Height :	_____ <i>cm</i>	Eye Color:	<input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Black	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F
			<input type="checkbox"/> Blue <input type="checkbox"/> Gray	
Address :	_____			
City :	_____	State:	_____	ZIP
			_____	_____
Email:	_____		Tel: ()	-
			_____	_____

Glue Photo in space below



Signature of parent or legal guardian

Parental/Guardian Information and Consent

Father:

First and Last Name:	_____			
Born in:	_____	on	____/____/____	
Citizenship	_____			

Mother:

First and Last Name:	_____			
Born in:	_____	on	____/____/____	
Citizenship	_____			

Request the issuance of an emergency travel document on behalf of the abovementioned minor, and declare that the minor is:

- an Italian citizen;
- has no children;
- has not committed any crimes, nor is the subject of any provisions regarding security or preventative measures, civil rulings, or administrative provisions appearing in court records according to current law.

As parents/legal guardians give consent to the issuance of an emergency travel document to the abovementioned minor.

We declare under penalty of perjury that the information provided above is true and correct, and are aware of the legal consequences outlined by art. 76 of the D.P.R. 28 December 2000, n. 445 in the event of false or untrue declarations.

Date, _____

Date, _____

Signature of Father/Guardian

Signature of Mother/Guardian

The personal information collected from this form will be handled according to art. 11 of the Legislative decree of 30 June 2003, n. 196, the Code pertaining to the protection of personal information.

Notes:

SPAZIO RISERVATO ALL'UFFICIO
SPACE RESERVED FOR OFFICE

Si attesta che la foto di cui sopra corrisponde alle sembianze del minore

San Francisco, _____
Data

Il funzionario incaricato
Timbro

SPAZIO RISERVATO ALL'UFFICIO

ETD n°:.....

Rilasciato il:.....

Con scadenza:.....

ETD ritirato il:.....

Firma estesa per ricevuta